

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2010-371-T
NUMBER: 2008-146-T

Request for Reinstatement
for Class C Charter Certificate
for Tropical Transportation LLC

- If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: ROBY ELLINSKY/TROPICAL TRANSPORTATION LLC

Telephone: 843-272-1900

Address: 4506 POWELL ST.
N. MYRTLE BEACH SC 29582

Fax: 843-272-1722

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☒ Request for Reinstatement
- ☐ Request for Name Change on Certificate

* Request for
Expedited
Service
- * Explanation
Attached

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petitioner
- ☐ Other:

RECEIVED
JAN 20 2011
PSC SC
CLERK'S OFFICE

COPY

Filed: [Signature]
Date: S.A. / JORS
Date: 1/20/11
Time: 3:20

CLASS C REINSTATEMENT FORM

2/8

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 1-19-20112010-371-T
~~2010-375-T~~
2008-146-T

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 8006
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 1-12-2011 because FAILURE TO MAINTAIN
(DATE)
AND FILE EVIDENCE OF INS.

I am seeking reinstatement because I HAVE TAKEN CORRECTIVE ACTION IN THIS MATTER.

TROPICAL TRANSPORTATION LLC. DBA _____
(Name of Company) (if applicable)

4506 BOWSETT ST.
(Street Address)

(Mailing Address if different from Street Address)

NORTH MYRTLE BEACH, SC. 29582
(City, State, Zip Code)


(Signature)

843-272-1700
(Telephone Number)

OWNER
(Title) Owner, President, etc.

1/8

YOUR LOGO
HERE*[Your company slogan]*

Fax

Tropical Transportation LLC
 4506 Poinsett Street
 North Myrtle Beach, South Carolina 29582
 ORS# 8006

Phone 843-272-1700
 Fax 843-272-1722
 rory@sterlingcoaches.com

TO:	PSC Commissioners	FROM:	Rory Ellinsky
FAX:	803-896-5199	PAGES:	8
PHONE:	803-896-5240	DATE:	01/20/2011
RE:	Expedited Service Request	CC:	Carol SC ORS

☒ X URGENT☒ X FOR REVIEW☐ PLEASE COMMENT☒ X PLEASE REPLY☐ PLEASE RECYCLE

Expedited Service Request

Dear PSC Commissioners,

Please except this letter as a request for expedited reinstatement of the charter authority for Tropical Transportation and also expedited PSC Service Order.

After learning, that within the City of Myrtle Beach's city ordinance, that these vehicles need to be in a separate entity.

I immediately took corrective action; I have secured a insurance policy, and added these 2 new vehicles to that policy for Tropical Transportation LLC.

Previously these vehicles were covered under my other entity Tropical Taxi LLC insurance. After learning that there needed to be a change, I immediately took corrective action. I have secured a new contract that started December the 10th 2010. I am in need of expedited service on reinstatement of the charter, and also on the PSC Order if possible please.

Please find enclosed with this fax all supporting documentation in this matter.

The PSC Transportation Cover Sheet.

The Class "C" Reinstatement form.

The Sticker Application Form for the ORS

A copy of the check for the stickers

The Insurance Binder Information (form "E" being sent to the ORS directly from the Insurance Company)

In order to maintain this new contract, I again am in need of expedited service.

I would like to thank you in advance to your timely response to this matter.

Sincerely,

Rory Ellinsky, Owner tropical Taxi LLC & Tropical Transportation LLC

RECEIVED

JAN 20 2011

PSC SC
CLERK'S OFFICE

4/8

South Carolina**15TROPITRA
INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER

COMPANY

Cornhusker Casualty Company

POLICY NUMBER

SCA100213

EFFECTIVE DATE

01/19/2011

EXPIRATION DATE

01/19/2012

YEAR

2010

MAKE/MODEL

Ford Econoline

VEHICLE IDENTIFICATION NUMBER

1FTSS3ELXADA95362

AGENCY/COMPANY ISSUING CARD

BB&T CIC**47 Airpark Court (29607)****P.O. Box 27149****Greenville, SC 29616-2149**

INSURED

Tropical Transportation LLC**4506 Poinsett St****North Myrtle Beach, SC 29582**

L

449529

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND****IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:**

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

Coverage meets SC minimum financial responsibility requirements.

South Carolina**INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER

COMPANY

Cornhusker Casualty Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

SCA100213**01/19/2011****01/19/2012**

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2010**Ford Econoline****1FTSS3EL1ADA95363**

AGENCY/COMPANY ISSUING CARD

BB&T CIC**47 Airpark Court (29607)****P.O. Box 27149****Greenville, SC 29616-2149**

INSURED

**Tropical Transportation LLC
4506 Polinsett St
North Myrtle Beach, SC 29582**

449529

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VEHICLE AND PRESENTED UPON DEMAND

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1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Coverage meets SC minimum financial responsibility requirements.

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**STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT**

The Law requires that you secure licenses on or before January 1, 2011. Enforcement for the period January 1, 2011 through June 30, 2011 will begin January 1, 2011.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JANUARY 1, 2011, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your First-Half Year 2011 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card. Please destroy old decal(s) once you have secured the decal(s) for the new period.

License decal(s) may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff. All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before December 15, 2010.

**STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 MAIN STREET, SUITE 900
COLUMBIA, S.C. 29201
(803) 737-0800**

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. Business and/or personal checks, cash, money order, certified, or cashier's check must be payable to the Office of Regulatory Staff.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.
6. You must be in compliance with all PSC/ORS requirements before any decal(s) will be issued.

CLASS _____

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2011

Certificate Holder: TROPICAL TROPICAL LLC

4506 POWSETT ST.

Mailing Address

(Exact Name of Certificate Holder)

N. MYRTLE BEACH

City, State and Zip Code

SC 29582

843-272-1900

Telephone No.

Owner of Vehicle

TRIANGLE RENT A CAR

399

N. PLEASANT RYAN DR.

GREENVILLE, SC

29607

Name as Listed on the Title or Registration

City, State and Zip Code

VEHICLE IDENTIFICATION

Make of Vehicle

FORD

Seating Capacity

8

Body Type

EXCUBINE VAN

License Plate #

6MS 254

VIN Number

A95362

Empty Weight

5485

Year Model

2010

FEE

\$

25.00

*** FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

\$100.00/hr

APPLICANT'S SIGNATURE: _____



STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

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STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 MAIN STREET, SUITE 900
COLUMBIA, S.C. 29201
(803) 737-0800

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Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2011

Certificate Holder: TROPICAL TRANSPORTATION LLC

4506 POINSETT ST.

(Exact Name of Certificate Holder)

NORTH MYRTLE BEACH, SC 29582

Mailing Address

City, State and Zip Code

Street Address if Different From Mailing Address

Owner of Vehicle TRIANGLE RENT A CAR 399 N. PLEASANT EMBL DR GREENVILLE, SC 29607

Name as Listed on the Title or Registration

City, State and Zip Code

Telephone No.

VEHICLE IDENTIFICATION

Make of Vehicle FORD

Seating Capacity 8

Body Type ECONOLINE VAN

License Plate # 6M5 253

VIN Number A95363

Empty Weight 5485

Year Model 2010

FEE \$ 25.00

*** FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

APPLICANT'S SIGNATURE: 

8/8

TROPICAL TAXI LLC
GENERAL ACCOUNT
PH 843-267-7778
4506 POINSETT ST
NORTH MYRTLE BEACH, SC 29582


1222
67-7194/2532

1-19-11 DATE

PAY TO THE ORDER OF ORS

TWENTY FIVE \$700 \$ 25.00

DOLLARS ☒ Security Features Visible on Back

 **First Federal**

FOR W/C 200

MP

TROPICAL TAXI LLC
GENERAL ACCOUNT
PH 843-267-7778
4506 POINSETT ST
NORTH MYRTLE BEACH, SC 29582


1223
67-7194/2532

1-19-11 DATE

PAY TO THE ORDER OF ORS

TWENTY FIVE \$700 \$ 25.00

DOLLARS ☒ Security Features Visible on Back

 **First Federal**

MP